

Participant Informed Consent Form_KEBN

PARTICIPANT INFORMED CONSENT FORM FOR RESEARCH STUDY

"Effectiveness of Tai Chi Compared With Standard Physiotherapy and
Virtual Reality Training on Balance and Functional Outcomes in Patients
With Knee Osteoarthritis"

PARTICIPANT INFORMED CONSENT FORM FOR RESEARCH STUDY

Version number: 01

Date of creation: 15.04.2025

I hereby declare that:

1. I have read the Participant Information Sheet, one copy of which I have received.
2. I was informed by the person recruiting me to the Study about the purpose of the Study entitled:
"Assessment of the impact of tai chi exercises on balance and functional status of patients with gonarthrosis."
3. The recruiting person thoroughly explained to me the manner in which the Study will be conducted, in accordance with the description contained in the Participant Information Sheet.
4. I had the opportunity to ask questions and received answers to those questions.
5. I understand the nature of the Study to which I have been invited to participate.
6. I understand the risks and benefits associated with my participation in the Study.
7. I understand that my participation in the Study is voluntary and that I may refuse to participate or withdraw from the Study at any time without giving any reason.
8. I understand that my withdrawal will in no way affect my further treatment.

Taking the above into account, I give my informed and voluntary consent to:

1. Participation in the Study entitled "Assessment of the impact of tai chi exercises on balance and functional status of patients with gonarthrosis."
2. The processing of my data, including data concerning my health, obtained from the medical records of the District Hospital in Chrzanów and from collected questionnaires, to the extent necessary for the conduct of the Study, while ensuring the confidentiality of my personal information;
3. The use of data concerning me in anonymous form for the preparation of scientific publications and presentations.

I confirm that I have received one copy of this document.

..... full name of the person recruiting to the study full name of the study participant
..... place and date place and date

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..... signature of the person recruiting to the study signature of the study participant
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Furthermore, I give my informed and voluntary consent to:

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- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Informing me about any incidental findings that may have an impact on my health or the health of my family members. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The storage, transfer, and future use of my anonymized data by researchers both from Jagiellonian University / Jagiellonian University Medical College (UJ/UJCM) and from outside these institutions.. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The storage, transfer, and future use of my anonymized data by researchers from other countries, both within Europe and outside Europe. | <input type="checkbox"/> | <input type="checkbox"/> |

..... Full name of the person recruiting to the study Full name of the study participant
..... Place and date Place and date
..... Signature of the person recruiting to the study Signature of the study participant